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Atty Docket No. 020967-000410U3

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Michael J. Pyzocha

Group Art Unit 2137

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Michael J. Pyzocha

CERTIFICATION OF FACSIMILE TRANSMISSION


I hereby certify that the following documents in re Application of Sanguthevar Rajasekaran, Application No. 09/853,913, filed May 11, 2001 for EFFICIENT TECHNIQUES FOR SHARING A SECRET are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form, PTO/SB/21 (1 page);
2. Petition for Extension of Time, PTO/SB/22 (1 page, in duplicate); and
3. Amendment (17 pages).

Number of pages being transmitted, including this page: -21-

Dated: May 22, 2006


Rosario G. Ysip

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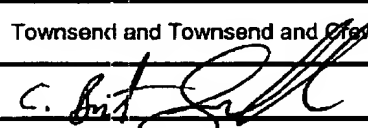
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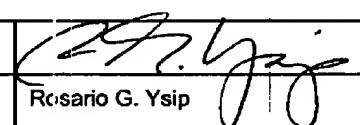
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PTO/SB/21 (01-04)

TRANSMITTAL FORM	Application Number	09/853,913
	Filing Date	May 11, 2001
	First Named Inventor	Rajasekaran, Sanguthevar
	Art Unit	2137
	Examiner Name	Michael J. Pyzocha
(to be used for all correspondence after initial filing)		
Total Number of Pages in This Submission	-20-	Attorney Docket Number 020967-000410US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (17 pp) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
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